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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

None

\*\* FOREIGN APPLICATIONS \*\*\*\*\* LCS

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
\*\* 07/15/2004

\*\* SMALL ENTITY \*\*

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>Laura Schell</i> <i>LCS</i> Examiner's Signature Initials	STATE OR COUNTRY CA	SHEETS DRAWING 10	TOTAL CLAIMS 73	INDEPENDENT CLAIMS 7
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## TITLE

Balloon catheter with spiral folds

FILING FEE  RECEIVED 1352	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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